

Exhibit C

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COMMITTEE EXPENSE FORM

1. Name of Committee Member: Karen M. Lockhart
2. Description of Committee Business: Confidential Material Received
3. Date of Committee Business: N/A
4. Location of Committee Business: N/A
5. Date of Travel: N/A
- Description of trip (start/end locations) N/A
6. Reimbursable Expenses:
- (a) Transportation:
- (1) Air or Rail Fare
- (2) Personal automobile miles at \$.58 per mile
Total miles traveled:
- (3) Taxi/Uber/Lyft/Public Transportation/Bart
- (4) Parking/Tolls
- (5) Other (describe) Shredding Cost \$41.08
- (b) Lodging:
- (1) Hotel (excluding meals)
- (c) Meals
- (1) Breakfast (no receipt)
- (2) Dinner (no receipt)

TOTAL REIMBURSEMENT SOUGHT \$ 41.08

Please Attach Backup for Each Item Sought (Receipts, Starting and Ending Location for Mileage, etc)*

I hereby certify that the above expenses were incurred by me in connection with attendance at a Committee meeting or other authorized Committee business.

Karen Lockhart

June 24, 2020

Karen M. Lockhart